09-26-01

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cket Number:

A0000326L2-01CFP

09/885259

PROVISIONAL APPLICATION FOR PATENT COVER SHEET (Large Entity)

This is a request for filing a PROVISIONAL APPLICATION FOR PATENT under 37 CFR 1.53 (c).

INVENTOR(S)/APPLICANT(S)								
Given Name (first and middle [ıf an	iddle [ɪf any]) Family Name or Surname			Residence (City and either State or Foreign Country)				
Madhav Narasimha Joseph Edwin	Devalaraja Low			2715 Windwood Dr. #62, Ann Arbor, MI 48105 921 Alpine Court, Brighton, MI 48116				
The state of the s								
Additional inventors are being named on page 2 attached hereto TITLE OF THE INVENTION (280 characters max)								
INHIBITORS OF COLONY STIMULATING FACTORS								
INHIBITORS OF GOLONI OTH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		,				
CORRESPONDENCE ADDRESS								
Direct all correspondence to: Customer Number	Customer Number Place Customer Number Bar Code Label here							
Firm or Claude	F. Purchase, Jr.		·					
Address Warner-Lambert Company Warner-Lambert Company								
	2800 Plymouth Road							
City Ann Ar	Ann Arbor		State	Michigan		ZIP	48105	
Country USA			Telephone	Telephone 734-622-1692		Fax	734-622-1553	
	ENCLOSE	D APPLIC	ATION PART	6 (check all t	hat apply)			
Specification N	Number of Pages 37							
Drawing(s) No	Number of Sheets 21			Other (specify) 30 claims on 4 pages abstract on 1 page				
METHOD OF PAYMENT OF FILING FEES FOR THIS PROVISIONAL APPLICATION FOR PATENT (check one)								
A check or money order is enclosed to cover the filing fees FILING FEE AMOUNT (\$)								
The Commissioner is hereby authorized to charge filing fees or credit any overpayment to Deposit Account Number: 23-0455 \$150.00								
The invention was made by an ager No. Yes, the name of the U.S. C		•			agency of the	he United State	es Government.	
					201			
Respectfully submitted,	F Dunah	MAR A		n	ATE	Febru	ary 23, 2001	
TYPED OF PRINTED NAME Claude F. Purchase, Jr.				— R	REGISTRATION NO. P-47,871			
			, v.	(ii	f appropria	ite)		
TELEPHONE	734-622-169	92						

* USE ONLY FOR FILING A PROVISIONAL APPLICATION FOR PATENT

SEND TO: Box Provisional Application, Assistant Commissioner for Patents, Washington, DC 20231

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	INVENTOR(S)/APPLIC	CANT(S)
Given Name (first and middle [if any])	Family Name or Surname	Residence (city and either State or Foreign Country)
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Signature of Person Mailing Correspondence

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